



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No. : 10/748,432 Confirmation No. 7856  
Applicant : Roe, Charles R.  
Filed : December 30, 2003  
TC/A.U. : 1614  
Examiner : Weddington, Kevin E.  
Docket No. : BHCS:1006RCE  
Customer No. : 34,725  
Title : Fatty Acid Nutritional Supplement

Mail Stop PETITION  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Refund Ref: 10/04/2006 0030034952

Credit Card Refund Total: \$130.00

VISA.....: XXXXXXXXXXXX8135

PETITION TO MAKE SPECIAL UNDER 37 CFR § 1.102(c)(1)

Dear Sir.

Applicant Dr. Charles Roe is over 65 years of age as evidenced by his driver's license attached hereto and made a part hereof by reference in Exhibit A. Applicants respectfully request the aforementioned application be made special and advanced out of turn for examination under 37 CFR § 1.102(c)(1) according special status base upon an applicant's age or health.

If the Examiner has any questions or comments, or if further clarification is required, it is requested that the Examiner contact the undersigned at the telephone number listed below.

07/18/2006 JBALINRN 00000082 10748432

01 FC:1464

130.00 OP

Adjustment date: 10/04/2006 CKHLOK

07/18/2006 JBALINRN 00000082 10748432

01 FC:1464

-130.00 OP

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>10/03/06</u>		2 Serial/Patent # <u>10/748,432</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
X	Petition		07/17/06	\$ 130.00
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
CHALKER FLORES, LLP 2711 LBJ FRWY, SUITE 1036 DALLAS, TX 75234			7 TOTAL AMOUNT OF REFUND <span style="float: right;">\$ 130.00</span>	
10 REASON:		8 TO BE REFUNDED BY: <i>Credit Card</i>		
	Overpayment	X	<del>Treasury Check</del>	
	Duplicate Payment		Credit Deposit A/C #:	
		9	<div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; text-align: center;">             --           </div>	
X	No Fee Due (Explanation):			
No petition fee required under 37 CFR 1.102(c)(1)				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Denise Pothier</u>		TITLE: <u>Petitions Examiner</u>		
SIGNATURE: <u><i>Denise Pothier</i></u>		PHONE: <u>2-4787</u>		
OFFICE: <u>Office of Petitions</u>				
*****				
THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: <u><i>Dany Khbks</i></u>		DATE: <u>10/4/06</u>		

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*